wallow file fy: 36

12/16/1988



2203 AIRPORT WAY SO., SUITE 400 SEATTLE, WASHINGTON 98134

> PHONE: [206] 223-0500 FAX: [206] 223-7791



December 16, 1988

CHEMPRO

Mr. George Hoffer Environmental Protection Agency M/S HW-112 1200 Sixth Avenue Seattle, WA 98101

Dear Mr. Hoffer:

Please find enclosed copies of the signature page to the Part A portion of the Chemical Processors, Inc. Pier 91 facility Part B Permit Application. Chemical Processors, Inc. received the signed signature page from the Port of Seattle, (property owner) December 16, 1988. Please put these pages in the correct location of Pier 91 permit applications, copy numbers 4 and 5.

Sincerely,

Susan Donahue

Environmental Programs Manager

SBD:tks

V. DESCRIPTION OF DANGEROUS WASTES (COMMOBO)	
E. USE THIS SPACE TO LIST ADOITIONAL PROCESS CODES FROM SECTION D(1) O	N PAGE 3.
· [6] [
Company of the compan	
FACILITY DRAWING All existing facilities must include in the space provided on page 5 a scale drawing of	the facility (see instructions for more detail).
I. PHOTOGRAPHS	
All existing facilities must include photographs (serial or ground—level) that clearly de	lineate all existing structures; existing storage, treatment and disposal areas; and
sites of luture storage, treatment or disposal areas (see instructions for more detail).	
II. FACILITY GEOGRAPHIC LOCATION	
LATITUDE (degrees, minutes, & seconds)	LONGITUDE (degrees, minutes, & seconds)
4 7 3 8 0 8 N	1 2 2 2 5 0 W
III. FACILITY OWNER	
III. PACIEITI OTTICA	
A. If the facility owner is also the facility operator as listed in Section VII on Form 1, "G	eneral Information", place an "X" in the box to the left and skip to Section IX below.
B. If the facility owner is not the facility operator as fisted in Section VII on Form 1, com	plete the following items:
1. NAME OF FACILITY'S LEGAL OWNER	2. PHONE NO. (area code & no.)
	206:382:337
PORT, OF, SEATTLE,	
3. STREET OR P.O. BOX	4. CITY OR TOWN 5. ST. 8. ZIP COOE
PO, BOX, 12,0,9, , , , SEAT	T,L,E, , , , , , , , WA 98111
C. OWNER CERTIFICATION	
. OWNER CERTIFICATION	
I certify under penalty of law that I have personally examined and	am familiar with the information submitted in this and all attached
documents, and that based on my inquiry of those individuals imme submitted information is true, accurate, and complete. I am aware	that there are significant penalties for submitting false information,
including the possibility of fine and imprisonment.	
AME (print or type) SIGNA TURE	DATE SIGNED
GENERAL	
STEPHEN A. SEWELL, COUNSEL STE	Le 17 Juil 12/14/88
. OPERATOR CERTIFICATION	
I certify under penalty of law that I have personally examined and documents, and that based on my inquiry of those individuals imme	am familiar with the information submitted in this and all attached
illed information is true, accurate, and complete. I am aware	that there are significant penalties for submitting false information,
ading the possibility of fine and imprisonment.	
AME (print or type) SIGNATURE	DATE SIGNED /
	8/20/04
W F Fisher President	1 /107/70

V. DESCRIPTION OF DANGEROUS WASTES (continued)

. FACILITY DRAWING		
All existing facilities must include in the space provided on page 5 a scale drawing of	the facility (see instructions for more detail).	
I. PHOTOGRAPHS		
	Secretary transfer and disperse	
All existing facilities must include photographs (aerial or ground—level) that clearly del sites of luture storage, treatment or disposal areas (see instructions for more detail).	neate all existing structures; existing stotage, freatment and disposal creas; and	
II. FACILITY GEOGRAPHIC LOCATION		
LATITUDE (degrees, minutes, & seconds)	LONGITUDE (degrees, minutes, & seconds)	
	122250W	
4 7 3 8 0 8 N	1 2 2 2 2 5 0	
III. FACILITY OWNER		
A. If the facility owner is also the facility operator as listed in Section VII on Form 1, "G	eneral Information", place an "X" in the box to the left and skip to Section IX below.	
B. If the facility owner is not the facility operator as listed in Section VII on Form 1, com	plete the following items:	
b. In the lacinty could be not the lacinty operator as notice in occasion when the state of the		
1. NAME OF FACILITY'S LEGAL OWNER	2. PHONE NO. (area code & no.)	
PORTIOFISEATTLE	2 0 6 3 8 2 3 3 7 (
2 STREET OR R O ROY	4. CITY OR TOWN 5. ST. 8. ZIP CODE	
3. STREET OR P.O. BOX		
P,O, B,O,X, 12,0,9, , , , S,E,A,T,T	r,L,E, , , , , , , , ,	
C. OWNER CERTIFICATION		
I certify under penalty of law that I have personally examined and	am familiar with the information submitted in this and all attached	
documents, and that based on my inquiry of those individuals imme submitted information is true, accurate, and complete. I am aware	distery responsible for obtaining the information, I believe that the	
including the possibility of fine and imprisonment.	that there are significant penantes for submitting false internation,	
AME (print or type)	DATE SIGNED	
GENERAL	11 12/11/00	
STEPHEN A. SEWELL, COUNSEL Duy	~ 11 July 14/14/88	
. OPERATOR CERTIFICATION		
. OF ENATOR CERTIFICATION		
I certify under penalty of law that I have personally examined and	am (amiliar with the information submitted in this and all attached	
documents, and that based on my inquiry of those individuals imme	diately responsible for obtaining the information, I believe that the	
illed information is true, accurate, and complete. I am aware	that there are significant penalties for submitting false information,	
ding the possibility of fine and imprisonment.		
AME (print or type) SIGNATURE	DATE SIGNED	
	9/26/44	
W. E. Fisher, President	1100	

V. DESCRIPTION OF DANGEROUS WASTES (continued)

E. USE THIS SPACE TO LIST ADOITIONAL PROCESS CODES FROM SECTION D(1) ON PAGE 3.